

**United States Bankruptcy Court  
District of Idaho**

**IN RE**

Knight, Frank James  
574-48-2545  
3446 Brampton Way  
Boise, ID 83706

& Knight, Monica Ann  
569-79-4323  
3446 Brampton Way  
Boise, ID 83706

Case No. 00-00244

**DEBTOR(S)**

Chapter 13

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

AMOUNTS SCHEDULED

NAME OF SCHEDULE		ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
<b>A</b>	Real Property	Yes	1	3,000.00		
<b>B</b>	Personal Property	Yes	4	59,680.00		
<b>C</b>	Property Claimed as Exempt	Yes				
<b>D</b>	Creditors Holding Secured Claims	Yes	2		44,452.78	
<b>E</b>	Creditors Holding Unsecured Priority Claims	Yes	1		0.00	
<b>F</b>	Creditors Holding Unsecured Nonpriority Claims	Yes	4		51,100.32	
<b>G</b>	Executory Contracts and Unexpired Leases	Yes	1			
<b>H</b>	Codebtors	Yes	1			
<b>I</b>	Current Income of Individual Debtor(s)	Yes	1			5,197.00
<b>J</b>	Current Expenditures of Individual Debtor(s)	Yes	1			3,856.00
<b>Total Number of Sheets of All Schedules</b>			17			
<b>Total Assets</b>				62,680.00		
<b>Total Liabilities</b>					95,553.10	

*W: BR  
2/24/00*

*62*

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18  
 (Total shown on summary page plus 1)  
 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 2/19/00Signature: [Signature]

Knight, Frank James

Debtor

Date: 2/19/00Signature: [Signature]

Knight, Monica Ann

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**CERTIFICATION OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or Typed Name of Bankruptcy Petition Preparer \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document \_\_\_\_\_

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

**AMENDED**

Signature of Bankruptcy Petition Preparer \_\_\_\_\_

Date \_\_\_\_\_

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedures may result in fines or imprisonment or both.  
 11 U.S.C. § 110; 18 U.S.C. § 156.

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other  
 officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_  
 \_\_\_\_\_ (corporation or partnership) named as debtor in this case,

declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_  
 (Total shown on summary page plus 1)  
 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>700.00</u>
Are real estate taxes included? Yes <u>      </u> No <u>X</u>	
Is property insurance included? Yes <u>      </u> No <u>X</u>	
Utilities: Electricity and heating fuel	\$ <u>210.00</u>
Water and sewer	\$ <u>80.00</u>
Telephone	\$ <u>150.00</u>
Other <u>Cable TV</u>	\$ <u>70.00</u>
Home maintenance (repairs and upkeep)	\$ <u>      </u>
Food	\$ <u>750.00</u>
Clothing	\$ <u>200.00</u>
Laundry and dry cleaning	\$ <u>30.00</u>
Medical and dental expenses	\$ <u>130.00</u>
Transportation	\$ <u>150.00</u>
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>150.00</u>
Charitable contributions	\$ <u>      </u>
Insurance: (not deducted from wages or included in home mortgage payments)	
Homeowner's or renter's	\$ <u>15.00</u>
Life	\$ <u>125.00</u>
Health	\$ <u>      </u>
Auto	\$ <u>266.00</u>
Other <u>      </u>	\$ <u>      </u>
Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) <u>      </u>	\$ <u>      </u>
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)	
Auto	\$ <u>330.00</u>
Other <u>      </u>	\$ <u>      </u>
Other <u>      </u>	\$ <u>      </u>
Alimony, maintenance, and support paid to others	\$ <u>      </u>
Payments for support of additional dependents not living at your home	\$ <u>      </u>
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>500.00</u>
Other <u>      </u>	\$ <u>      </u>
<b>TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)</b>	<b>\$ <u>3,856.00</u></b>

**(FOR CHAPTER 12 AND 13 DEBTORS ONLY)**

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$ <u>5,197.00</u>
B. Total projected monthly expenses	\$ <u>3,856.00</u>
C. Excess income (A minus B)	\$ <u>1,341.00</u>
D. Total amount to be paid into plan each <u>      </u>	\$ <u>1,341.00</u>

(interval)

In re

Debtor

Case No.

99-00135

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM,
ACCOUNT NO. Boise Convenience Clinic 6533 Emerald Boise, ID 83704	C					20.00
ACCOUNT NO. C.C.S. - Allstate Payment Processing Center P.O. Box 9126 Boston, MA 02205-9126	C					150.00
ACCOUNT NO. Caldwell Radiological Association 410 S. Orchard, Suite 116 P.O. Box 7965 Boise, ID 83707	C					200.00
ACCOUNT NO. Caldwell Womens Clinic 2005 Arlington Ave. Caldwell, ID 83605	C					30.00
Subtotal ▶ \$						400.00
Total ▶ \$						

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3

Continuation sheets attached

Subtotal ▶

\$

400.00

Total ▶

\$

(Report total also on Summary of Schedules)

 cc: BR  
 2/25/10 BR

 BR  
 R

In re Richard E. Myers & Misty D. Myers  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM,
ACCOUNT NO.						
Chambers Cable 347 SW 19th St. Ontario, OR 97914	C					100.00
ACCOUNT NO.						
Christopher A. Pierce, D.O. P.O. Box 5037 Unit #152 Portland, OR 97208-5037	C					200.00
ACCOUNT NO.						
City of Fruitland P.O. Box 323 Fruitland, ID 83619	C					50.00
ACCOUNT NO.						
Columbia West Valley 1717 Arlington Ave Caldwell, ID 83605	C					400.00
ACCOUNT NO.						
Dr. Debra Clyde 120 W. Maple New Plymouth, ID 83655	C					100.00

Sheet no. 1 of 3 sheets attached to Schedule of Creditors

Subtotal ▶	\$ 850.00
Total ▶	\$

(Report total also on Summary of Schedules)

In re Richard E. Myers & Misty D. Myers  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Dr. Ronald Cornwield 404 E. Elm Caldwell, ID 83605	C	Consideration: Medical bill				700.00
ACCOUNT NO. Family Practice Assoc. 6533 Emerald St. Boise, ID 83704	C					200.00
ACCOUNT NO. Finger Hut P.O. Box 2900 St. Cloud, MN 56395-2900	C					700.00
ACCOUNT NO. Mercy Ambu - Care 211 W. Iowa Nampa, ID 83686	C					1,000.00
ACCOUNT NO. Nampa Radiologist c/o Action Collection agency P.O. Box 5425 Boise, ID 83705	C					50.00

Sheet no. 2 of 3 sheets attached to Schedule of Creditors

Subtotal ▶	\$ 2,650.00
Total ▶	\$

(Report total also on Summary of Schedules)

In re Richard E. Myers & Misty D. Myers  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
Ontario's Womens Clinic 2449 SW 4th Ave. Suite 110 Ontario, OR 97914	C					500.00
ACCOUNT NO.						
The Clinic at Parma P.O. Box 840 Parma, ID 83660	C					300.00
ACCOUNT NO.						
Unipac Service Corp. P.O. Box 64705 St. Paul, MN 55164-0705	C					7,000.00
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 3 of 3 sheets attached to Schedule of Creditors

Subtotal ▶	\$	7,800.00
Total ▶	\$	11,700.00

(Report total also on Summary of Schedules)